## UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA; et seq.	CASE and/or DOCKET No.: 16-02383
Plaintiff (Petitioner)	Sheriff's Sale Date:
	i sale pate.
V.	
LESLIE JENNINGS, ADMINISTRATRIX OF THE ESTATE OF RACHEL F. BOOSE, DECEASED; et al.	
Defendant (Respondent)	·
AFFIDAVIT	COFSERVICE
TYPE OF PROCESS: SUMMONS AND COMPLAINT	
, DENISE HINKLE, certify that I am eighteen years of age or older and that I am no LESLIE JENNINGS, ADMINISTRATRIX OF THE ESTATE OF RACHEL F. BO PM, at 699 Sawyer Rd Columbia Cross Roads, PA 16914 8082, County of Bradford	OSE, DECEASED the above process on the 14 day of February, 2017, at 1:15 o'clock,
Manner of Service:	
By handing a copy at the residence of the Defendant(s) to an adult member residence because no adult family member was found *	of the family with whom he/she resides or to the adult person in charge of the
•	ger of the hotel, inn, apartment house or other place of lodging at which he/she resides
By handing a copy at the office or usual place of business of the Defendant	(s) to the Defendant's(s') agent or to the person for the time being in charge thereof *
Name: <u>SHIRLEY JENNING</u> Relationship/Title/Position: <u>MOTHER</u> Remarks:	
Description: Approximate Age <u>81-90</u> Height <u>5'2</u> Weight <u>180</u> Race <u>WHITE</u> Se	x <u>FEMALE</u> Hair <u>WHITE</u>
Military Status: No Yes Branch:	<del></del>
Commonwealth/State of	
County of Berks	
Before me, the undersigned notary public, this day, personally, appeared according to law, deposes the following:	Denis e Hirkl, to me known, who being duly sworn
I hereby swear or affirm that the facts set forth in the foregoing Affidavit of Service a	are true and correct.
1	
Yound Full	Subscribed and sworn to before me
(Signature of Affiant)	this 16 day of F52 , 20 /7).
File Number: USA-162224	
Case ID #:4815532	Notary Public
	COMMONWEALTH OF PENNSYLVANIA
	NOTARIAL SEAL Eric M. Afflerbach, Notary Public
	Washington Township, Berks County
	My Commission Expires November 18, 2017